

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Kidney Care Council Political Action Committee

ADDRESS (number and street) The Atlantic Building  
950 F Street, NW  
 Check if different than previously reported. (ACC)  
Washington DC 20004-1404

2. **FEC IDENTIFICATION NUMBER** C00326736  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2005 through 06 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marilyn Yager

Signature of Treasurer Electronically Filed by Marilyn Yager Date 07 30 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		8076.75
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	78.87									
(c) Total Receipts (from Line 19) .....	38013.46	38015.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38092.33	46092.33								
7. Total Disbursements (from Line 31) .....	33000.00	41000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5092.33	5092.33								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Kidney Care Council Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	23000.00	23000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23000.00	23000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	38000.00	38000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	13.46	15.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38013.46	38015.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38013.46	38015.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	41000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33000.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33000.00	41000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	38000.00	38000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38000.00	38000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Agneta Albinsson

Mailing Address 3301 Oak Street

City State Zip Code  
Wheat Ridge CO 80033

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fresnius N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 04 / 2005

**Transaction ID:** SA11AI.4202

Amount of Each Receipt this Period  
5000.00

Political contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gary Brukart

Mailing Address 5618 Hillsboro Pike

City State Zip Code  
Nashville TN 37215

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Care Group, Inc. President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
04 / 08 / 2005

**Transaction ID:** SA11AI.4193

Amount of Each Receipt this Period  
2000.00

Political contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gary Brukart

Mailing Address 5618 Hillsboro Pike

City State Zip Code  
Nashville TN 37215

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Renal Care Group, Inc. President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 20 / 2005

**Transaction ID:** SA11AI.4203

Amount of Each Receipt this Period  
3000.00

Political contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 10000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry C Buckelew	Date of Receipt MM / DD / YYYY 04 / 08 / 2005
	Mailing Address 7261 S. Polo Ridge Dr.	<b>Transaction ID:</b> SA11AI.4195
	City State Zip Code Littleton CO 80128	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer: Gambro Healthcare Inc. Occupation: Businessman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Raymond Hakim	Date of Receipt MM / DD / YYYY 04 / 08 / 2005
	Mailing Address 2525 West End Avenue Suite 600	<b>Transaction ID:</b> SA11AI.4194
	City State Zip Code Nashville TN 37203	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer: Renal Care Group, Inc. Occupation: Senior Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mats Wahlstrom	Date of Receipt MM / DD / YYYY 04 / 08 / 2005
	Mailing Address Reservoir Woods 920 Winter Street	<b>Transaction ID:</b> SA11AI.4196
	City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer: Fresenius Medical Care NA Occupation: President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')

Mailing Address 21250 Hawthorne Blvd.  
Suite 800

City State Zip Code  
Torrance CA 90503

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	0	5

**Transaction ID:** SA11C.4200

Amount of Each Receipt this Period  
5000.00

Political contribution

**B.** Full Name (Last, First, Middle Initial)  
GAMBRO HEALTHCARE INC PAC

Mailing Address 10810 WEST COLLINS AVENUE

City State Zip Code  
LAKEWOOD CO 80215

FEC ID number of contributing federal political committee. **C** C00373704

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	0	5

**Transaction ID:** SA11C.4201

Amount of Each Receipt this Period  
5000.00

Political contribution

**C.** Full Name (Last, First, Middle Initial)  
RCG PAC

Mailing Address 2525 WEST END AVENUE SUITE 600

City State Zip Code  
NASHVILLE TN 37203

FEC ID number of contributing federal political committee. **C** C00382101

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	0	5

**Transaction ID:** SA11C.4199

Amount of Each Receipt this Period  
5000.00

Political contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</b>	<b>Transaction ID:</b> SB23.4219
	Mailing Address P.O. Box 65314	Date of Disbursement MM / DD / YYYY 05 / 16 / 2005
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT WILLIAM J JEFFERSON TO THE UNITED STATES CONGRESS</b>	<b>Transaction ID:</b> SB23.4209
	Mailing Address 650 POYDRAS STREET SUITE 2245	Date of Disbursement MM / DD / YYYY 04 / 15 / 2005
	City NEW ORLEANS State LA Zip Code 70130	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL MAJORITY COMMITTEE</b>	<b>Transaction ID:</b> SB23.4213
	Mailing Address P. O. BOX 746	Date of Disbursement MM / DD / YYYY 04 / 18 / 2005
	City Bakersfield State CA Zip Code 93302	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Political contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A. CONGRESSIONAL MAJORITY COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB23.4217  
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

3000.00

**B. DAVE CAMP FOR CONGRESS 2006**

Full Name (Last, First, Middle Initial)

Mailing Address 5915 EASTMAN AVE. SUITE 100  
5915 EASTMAN AVE. SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: MI District: 04

Transaction ID: SB23.4223  
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

**C. FRIENDS OF JOHN TANNER**

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 1994  
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: TN District: 08

Transaction ID: SB23.4215  
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MAX BAUCUS 2002

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MT District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4205  
Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
HAWKEYE PAC, THE

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4227  
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City ERIE State PA Zip Code 16507

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 03

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4221  
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

A.	Full Name (Last, First, Middle Initial) SANTORUM 2006	Transaction ID: SB23.4225 Date of Disbursement
	Mailing Address ONE TOWER BRIDGE SUITE 1440	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
	City WEST CONSHOHOCKEN State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement Political contribution Candidate Name	<input type="text" value="4000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SANTORUM 2006	Transaction ID: SB23.4564 Date of Disbursement
	Mailing Address ONE TOWER BRIDGE SUITE 1440	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2005"/>
	City WEST CONSHOHOCKEN State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement check returned Candidate Name	<input type="text" value="-4000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	<input type="text" value=""/> Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SANTORUM 2006	Transaction ID: SB23.4229 Date of Disbursement
	Mailing Address ONE TOWER BRIDGE SUITE 1440	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
	City WEST CONSHOHOCKEN State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement Political contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

A. Form/Schedule : **SB23**  
Transaction ID : **SB23.4225**

\$4,000 refund for excessive contribution received July 26, 2005 and will be reported on the year-end report.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Kidney Care Council Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.4211

Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 123 NE 3RD SUITE 321

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Political contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.4207

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

5500.00

TOTAL This Period (last page this line number only) ..... ►

33000.00